

Choosing where to give birth to your baby

What are my options and which is best for me and my baby?

Your community midwife will discuss options for place of birth with you during your antenatal appointments. You may know where you would like to give birth at your first appointment but most women need to think about this and discuss options with their partner, family and friends. You may make this decision at any stage during your pregnancy.

Midwife Led Unit (MLU) - a facility where you can give birth; receive antenatal and postnatal care from a team of midwives and maternity support workers. We have a midwife-led unit in Eastbourne, located within Eastbourne District general Hospital.

Consultant Led Unit (CLU) - a hospital where care is available from midwives, maternity staff nurses and maternity support workers, obstetricians, anaesthetists and paediatricians. This service is provided at the Conquest Hospital in Hastings.

Home Birth - a community midwife can come to your home and care for you while you give birth.

Midwife Led Unit at Eastbourne

You are able to choose to give birth to your baby at Eastbourne Midwifery Unit (EMU) if your pregnancy has been uncomplicated. Giving birth is generally very safe for both you and your baby (Birthplace, 2011). Any risk factors that develop during your pregnancy may require assessment by a consultant obstetrician and this may mean that the EMU or home is no longer the safest option for your birth. Plans will then be discussed with you for the birth to take place in a consultant led unit.

The Birthplace study, which looked at 64,000 low risk births, showed that birth centres appear to be safe for the baby and offer benefits for the mother. For planned births in a midwife led unit there is no significant difference in outcomes for babies, however women who had planned birth in a midwife led unit had significantly fewer interventions (ventouse, forceps and caesareans) and more normal births compared to a Consultant Led Unit. The majority of women that come to a midwife led unit in labour will successfully give birth there – more than 60% of women with their first baby and over 90% of women who have had a baby before.

It is possible for you to have a tour around Eastbourne Midwifery Unit by arrangement.

Home birth

If you have an uncomplicated pregnancy you can choose to give birth to your baby at home. The Birthplace study (2011) showed that there are similar benefits for women choosing to give birth at home as in a midwife led unit. Once established labour is started a midwife will care for you at home through the labour, with a second midwife present at the birth.

Consultant led unit – Conquest Hospital

If you have certain medical conditions or have complications during your pregnancy you will be advised to give birth in a Consultant Led Unit. If your pregnancy is uncomplicated you can choose this too. At a Consultant Led Unit, doctors are available 24 hours a day. They are able to perform epidurals for pain relief, assisted and emergency births and there is a special care baby unit. If your baby is born before 32 weeks at Conquest Hospital your baby may need to be transferred to a specialist unit where specialist neonatal services are provided. To see the Consultant Led Unit at Conquest Hospital please visit the 'virtual tour' on our maternity pages of our website – www.esht.nhs.uk/maternity

Pain relief and other medication

Hydrotherapy, sitting in a deep, warm bath is an effective means of managing pain in labour. A birthing pool or standard bath can be used at home in EMU or in hospital.

Alternative methods of pain relief (acupuncture / aromatherapy / homeopath / hypnosis / reflexology etc) can be arranged privately. You will need to make prior arrangements if you wish to use a registered practitioner for any of these methods of pain relief and for them to be with you during labour.

Transcutaneous Electrical Nerve Stimulation (TENS) is an electrical stimulus with electrodes applied to your back, which interferes with pain signals to the brain altering the perception of any pain. This can be hired in advance (further details can be found in your maternity notes) and can be used at home in EMU or in hospital.

Entonox (also known as 'gas and air') is a gas you can breathe in during contractions to ease any pain. This can be brought to your home by your community midwife and is freely available at EMU and hospital.

Pethidine is an opiate drug that is given by injection. It is rarely used at a home birth but is available at EMU and hospital. A similar drug, diamorphine, is also available in hospital.

Epidural pain relief is administered by an anaesthetist and is therefore only available in a Consultant Led Unit

Syntometrine is a combination drug (oxytocin and ergometrine) which is used to 'actively manage' the third stage of labour during which the placenta and membranes are expelled. Syntometrine causes your uterus to contract to deliver the placenta and membranes quickly and to minimise blood loss. It is your choice as to whether this drug is used. Syntometrine is also used to manage heavy bleeding post birth. This drug is available in all places of birth.

Vitamin K is offered to your baby to prevent haemorrhagic disease of the newborn (a rare blood clotting disorder that can be fatal in severe cases). It is available to all babies that are born at home, in EMU and in hospital as oral drops or by injection.

Where do I go if the midwife recommends being transferred from the MLU or home into the Consultant led Unit during my labour?

If a problem arises during the labour your midwife will discuss your options with you and it may be necessary to transfer you to a Consultant Led Unit. The number of women requiring transfer, the reasons for those transfers and the time they take are continuously audited and the statistics are available at EMU. The majority of transfers are not urgent and your midwife can contact the hospital you originally booked with to discuss your transfer there. If the situation is

an emergency you will be taken to the nearest Consultant Led Unit. Transfers to hospital during labour are by ambulance, accompanied by your midwife. There are circumstances when you can be transferred in a car by a family member and this will be discussed with you prior to any decisions being made. Once the ambulance is requested the nearest one will be asked to attend. Ambulance staff are able to maintain communication links with obstetric staff if necessary during the journey, and ensure minimal delay in heavy traffic. On arrival at the Consultant Led Unit your care is usually transferred to a hospital-based midwife. In some circumstances it may be possible for your midwife to remain with you.

In the very rare event that an unexpected serious problem occurs during labour in a midwifery led unit, or at home, the outcome for the woman and baby could be worse than if they were in an consultant led unit with access to specialised care (NICE, 2007).

Circumstances in which transfer to hospital would be advised

Before labour:

- **Antepartum haemorrhage (vaginal bleeding before labour):** a steady blood loss or continual spotting of blood may indicate the placenta is starting to separate from the uterus (placental abruption), which would require continual monitoring of the baby's heart during labour.
- **Raised blood pressure:** this can cause significant complications for both mother and baby.
- Baby in a breech (bottom first) or transverse (lying across the uterus) presentation at term.
- It is usual for labour to start between 37 and 42 weeks of pregnancy. If your labour starts before 37 completed weeks of pregnancy you will be advised to give birth in a consultant led unit as your baby will be premature and may need special care at birth or soon after. If your labour has not started after 41 weeks of pregnancy you will be offered induction of labour (see also Induction of Labour Leaflet). If your labour has not started at 42 weeks you will be advised to give birth in a consultant led unit.
- If your waters have broken more than 18 hours before your labour has started your baby may be more susceptible to developing an infection and you will be advised to give birth in a consultant led unit where you will be offered antibiotics during labour and your baby's well-being can be more closely monitored.

During labour:

Midwives are experienced in detecting abnormalities during labour. Regular monitoring of you and your baby throughout labour provides warning signs of developing complications and **with your consent** the midwife will arrange immediate transfer to hospital if necessary.

- **Delay in 1st or 2nd stage of labour:** occasionally labour does not progress smoothly, with slow dilatation, or opening of your cervix, or a long pushing phase. This can often be associated with the baby not lying in the best position as he/she enters the pelvis. Your midwife will encourage you to be mobile and to change your position and will encourage you to drink and snack. Sometimes it is advisable to transfer to a consultant led unit so that your labour can be speeded up with a hormone (syntocinon) drip and your contractions made more effective.
- **Meconium-stained liquor:** this happens when your baby opens it's bowels inside the womb and may indicate fetal distress (reduced oxygen supply to the baby). Inhalation of meconium during labour and/or at birth may cause severe breathing difficulties and lead to infection (pneumonia) and you will therefore be advised to transfer to a consultant led unit. If your waters break late in labour there may not be enough time to transfer to a

consultant led unit and in these circumstances it is safer to transfer to hospital after the birth for your baby to be monitored.

- **Non-reassuring fetal heart-rate:** a prolonged increase or decrease in your baby's heart rate or a deceleration in the heart rate between contractions can be worrying and may indicate that your baby is not receiving adequate oxygen. You will be advised to transfer to a consultant led unit so that your baby's wellbeing can be assessed.
- **Choice:** occasionally labour may be particularly intense, prolonged or difficult to cope with and you may decide that you would prefer to continue your labour and give birth in a consultant led unit.

After labour:

- **Retained placenta:** occasionally the placenta fails to deliver and needs to be removed manually for which epidural or general anaesthetic is required.
- **Postpartum haemorrhage:** excessive bleeding can occur if your uterus fails to contract after birth. All midwives can administer drugs to control bleeding but if blood loss is excessive or if you have symptoms like fainting or shortness of breath, transfer to hospital is necessary.
- **Stitches:** if you have a complicated tear you might be advised to transfer to the hospital for it to be sutured. Uncomplicated tears will be sutured by your midwife and small tears can often be left to heal naturally.
- **Baby not breathing at birth:** Most babies will breathe within one to two minutes, but if this doesn't happen then an immediate transfer to hospital is arranged. Resuscitation equipment to manage this situation is available at EMU and at home.

Postnatal care

If you give birth at home your community midwife will leave your home once you and your baby are settled and all is well with your baby having had his/her first feed. She will arrange your next visit with you and ensure you have contact phone numbers. Your baby will have its newborn check with a qualified professional within 72 hours

If you give birth at EMU or at the Conquest Hospital you can choose to go home a few hours after the birth or have a postnatal stay. It is usual for your baby to have its newborn check by a paediatrician or midwife before you go home. If you require transfer from EMU during or immediately after the birth of your baby, you are able to transfer back to EMU for post natal care once all is well.

How do I find out more?

You can discuss your choices further with your community midwife or with a midwife at EMU.

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about patient information. If you have any comments please contact our Patient Advice and Liaison Service (PALS) – details below.

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Please ensure that once you have had your baby you wash your hands before and after you change pads/go to the toilet to reduce your risk of infection.

Other formats

This information is available in alternative formats such as large print or electronically on request. Interpreters can also be booked. Please contact the Patient Advice and Liaison Service (PALS) offices, found in the main reception areas:

Conquest Hospital

Email: palsh@esht.nhs.uk - Telephone: **01424 758090**

Eastbourne District General Hospital

Email: palse@esht.nhs.uk - Telephone: **01323 435886**

After reading this information are there any questions you would like to ask? Please list below and ask your midwife or doctor.

Reference

Birth place study 2011

Written by: Marie Foreman, Eastbourne Midwifery Unit Matron

The following clinicians have been consulted and agreed this patient information:
Marie Foreman and Dexter Pascal.

The directorate group that have agreed this patient information leaflet: Ratified by the Guideline Implementation Group

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Responsible clinician/author: Marie Foreman– Eastbourne Midwifery Unit Matron

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